

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #: M4-09-7803-01
BURDIN CHIROPRACTIC NEUROLOGY & REHAB GROUP. 9502 COMPUTER DR., STE. # 200 SAN ANTONIO, TX 78229	
Respondent Name and Box #:	
CITY OF SAN ANTONIO Rep Box # 42	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Requestor's Position Summary: "According to Dr. Burdin, the treating doctor, he felt it was medically necessary to bring in (claimant) to discuss the progress of his recovery and that he felt pain in his neck and weakness in his arms. He also had some concerns about the other doctors he was referred to. By Division of Workers Comp. Rules, the Carrier is obligated to reimburse med. Records provided for Designated Doctor Appoints. We received the first EOB on February 23, 2009 and payment was denied, stating the TWCC-73 was not properly filled out or completed. Dr. Burdin is not required to fill out the middle portion of this form if the patient is off work, which was the case for this patient. Our office rebilled the carrier and we received the second EOB on March 31, 2009 w/ the same explanation for payment denial. We are required to fill out and fax a TWCC-73 to the patient's employer for every office visit."

Principal Documentation:

1. DWC 60 package
2. Total amount sought - \$120.00
3. CMS 1500
4. EOB's

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

Respondent's Position Summary: "Dr. Burdin requested this MDR for date of service December 4, 2008. The disputed service was for an in-person examination and DWC-73 preparation. He has requested \$120.00. The requested amount includes \$100 for the examination and \$20 for the DWC-73 preparation...In order to bill this under CPT Code 99214, there must be at least two of the following three key components: a detailed history, a detailed examination and medical decision making of moderate complexity. Based on the brief, one page letter from Dr. Burdin following this examination, there is no detailed history or even a detailed examination that was performed. This visit appears to have been unnecessary since no new complaints are noted and no extensive examination was conducted...This examination was not requested by the carrier or the employer or following an FCE. Therefore, the DWC-73 was not necessary."

Principal Documentation:

1. DWC 60 package

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Denial Codes	Part V Reference	Amount Ordered
12-4-08	99214	None noted on DWC-62	2	\$0.00
	99080-73	218	1, 3	\$0.00
Total /Due:				\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.203, titled *Medical Fee Guideline for Professional Services* effective for professional medical services provided on or after March 1, 2008, set out the reimbursement guidelines.

1. These services were denied or reduced payment by the Respondent with reason code: "218-Based on entitlement to benefits."
2. CPT code 99214 – "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family."

The Requestor billed CPT code 99214 for an office visit rendered on 12-4-08. A review of the submitted office visit report did not document a detailed history or medical decision making of moderate complexity; therefore, the documentation does not meet two of the three key components for billing this level of office visit. Based upon the submitted report, reimbursement is not recommended.

3. CPT code 99080-73 – Work status report. Per Rule 129.5(d) "The doctor shall file the Work Status Report: 1) after the initial examination of the employee, regardless of the employee's work status; 2) when the employee experiences a change in work status or a substantial change in activity restrictions; and 3) on the schedule requested by the insurance carrier (carrier) its agent, or the employer requesting the report through its carrier, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee."

A review of the DWC-73 report dated 12-4-08 does not reflect a change in the claimant's work status or substantial change in activity restrictions. The insurance carrier noted that they did not request the report; therefore, the Requestor is in non-compliance with Rule 129.5(d) by billing for the work status report. No reimbursement is recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section. 413.011(a-d), Section. 413.031 and Section. 413.0311
28 Texas Administrative Code Section. 134.1 and 129.5
Texas Government Code, Chapter 2001, Subchapter G

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

ORDER:

Authorized Signature

Medical Fee Dispute Resolution Officer

August 3, 2009
Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.